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ABSTRACT

An infant-toddler program of parent training in child growth and development, based primarily in the home, has become the major focus of the Child and Family Resource Program (CFRP) in Las Vegas, Nevada, one of 11 sites in this Head Start affiliated program. This report describes and evaluates: (1) the goals and operational objectives of the program and its components; (2) the planning, startup, and implementation of the program components (health services, developmental services, family support services, and additional services); (3) the major staff functions and qualifications and the recruitment process; (4) the plan and implementation of preservice training sessions designed to develop staff roles and interaction, and inservice training coordinated with Head Start programs; (5) recruitment of families, use of needs assessment procedures, and composition of the home visitor's family profile forms; (6) amount and quality of coordination with social service agencies; (7) materials used with each component; and (8) program cost data, arranged in table form. A general summary of this site's strengths and weaknesses is offered. (ED)

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PROGRAM DESCRIPTION

CHILD AND FAMILY RESOURCE PROGRAM

LAS VEGAS, NEVADA

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PS 008490

Submitted By:

DEVELOPMENT ASSOCIATES, INC.
1521 New Hampshire Ave., N. W.
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June 30, 1975

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LAS VEGAS CFRP
PROGRAM DESCRIPTION

INTRODUCTION

Las Vegas is located in Clark County, Nevada, in the southern tip of the state. The county, which is the target area for CFRP, has a population of 273,288, according to the 1970 US Census. The Head Start program has been in existence since 1966, and operates six centers in the poverty pockets of the county. Head Start is administered by the local community action agency - the Clark County Economic Opportunity Board.

The Educational Coordinator for the Clark County Economic Opportunity Board (EOB) was the first person to hear about CFRP. She was attending a Head Start Innovation and Improvement meeting in Reno, Nevada, in November of 1972. The State Training Officer for Head Start mentioned that the National Office of Child Development (OCD) was developing guidelines for a program that had been referred to as the "center with many programs." After describing the program in rough terms, the State Training Officer asked if the EOB in Las Vegas would be interested. The Education Coordinator said that she would be very interested and would appreciate any information that would assist in applying for funds. During December of 1972, several phone calls were made to the OCD Regional Office to check on the progress of the new program. In a meeting with a Regional Representative of OCD during January 1973, draft guidelines for CFRP were given to the Education Coordinator, and in February, EOB was invited to submit a prospectus. The Executive Director of the EOB, acting on the recommendation of the Education Coordinator and the Planning Director of the EOB, made the decision to go ahead and write a proposal for CFRP funds. The Executive Director also assigned the people and time for the proposal preparation. The staff that worked on the proposal received their regular salaries, which were derived from Head Start and OEO funds, during this time.

The appeal of CFRP to the Clark County EOB program was on several levels. These were:

- EOB was concerned with the uncertainty of continued funding from OEO and was looking for any sources of new funding.
- EOB was interested in expanding its services to children. The program had been attempting to broaden the focus of its Head Start program (serving 195 children in six locations) to include more services to the families of Head Start children. They felt that their efforts could be increased by the CFRP program.
- Being part of a national demonstration program would be a source of pride to the CAA and the community.

- EOD staff looked forward to competing with another grantee for funding. They felt they had the grantsmanship skills that would give them an edge in the competition and looked forward to the challenge.

In actually developing the proposal for CFRP, three key EOD staff members worked as a team with input from a variety of other sources. These were the Educational Coordinator, the Planning Director, and the Director. They referred to themselves as a "think tank." As a group they examined each section or component in the CFRP guidelines and worked out the general interpretation of the guidelines. They would then decide which of them had the most knowledge of a proposed section and assign that person the responsibility of developing the specific material that would be required for the proposal. It was up to that person to seek whatever help would be necessary for the completion of the task. For example, the Educational Coordinator asked for input from several of her Head Start specialists in preparing educational content sections of the proposal. After a particular section was developed, the group of three members would get back together and critically examine the product for consistency with the rest of the proposal. In addition to the three members of the "think tank," EOD hired a consultant from an area university to contact the social service agencies in the community and obtain their support for the new program. This consultant prepared a letter to agencies and followed up in person. The reason that this consultant was hired was that EOD felt that they needed clear commitments from the agencies and that these could only come from personal contact. There was no one on the staff who had the time to make these contacts, so the decision to hire a consultant was made. Parents were involved throughout the planning stage. The proposal was discussed during at least three Parent Policy Committee (PPC) meetings and three members of the committee were assigned by the PPC to work with the staff in developing the proposal. The chairperson of the PPC attended the EOD planning conference in Denver, Colorado.

The grant was received June 30, 1975, and was effective June 1, 1975.

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The plan expected, in addition to children 0-8, the Medicaid Program to be used for eligible children up to age of 18, and the State Dental Program for children up to the age of 14. It was anticipated that the CFRP Health Nutritional Specialist and Social Worker would be working closely with the Home Visitor in making these arrangements; in addition, the Social Worker would coordinate services as needed with the Clark County School District for psychological testing and with Vocational Rehabilitation. In the area of nutrition, the Health Nutrition Specialist was to act as a resource to Home Visitors in assessing needs and providing assistance to families; this person would also make referrals to the University Cooperative Extension Services and the Consumers' League for direct services to families, if determined necessary, in the needs assessment process. In the areas of mental health, referral was expected to be made to the Clark County Mental Health Center and prenatal medical care would be provided by the EOB Health Clinic.

The plan envisioned that the Home Visitors would work with the Health Nutrition Specialist to identify medical services available to the expectant mother, and Home Visitors would assist mothers by providing transportation necessary to keep appointments. These were plans for referring expectant mothers and mothers with children age 4 and under to the Women's Infant Child Program at the EOB Health Clinic. Other aspects included the planned process as follows: supplemental food vouchers would be provided through this program and also through the Operation Life Clinic; EOB Health Clinics would provide prenatal care; expectant mothers not eligible for county services or medicaid would be able to receive educational prenatal services at the clinics; and those covered by ADC and Clark County Welfare programs would receive services from State and County Welfare.

2. Implementation

Responsibilities were designated as follows: the Health Nutrition Specialist coordinates health services which includes scheduling physical and dental examinations and followups for children 0-8 years of age; the Economic Opportunity Board (EOB) Health Clinic provides physicals for 0-8 year old children who are not on the State Medicaid Program; children 0-18 eligible for Medicaid would receive physicals at the Operation Life Early and Periodic Screening Clinic; and the State Dental Program would provide dental screening and followup for children up to age 14.

Distribution of effort was along the following divisions: Nutritional needs are assessed based on the results of the physical; Parents, Home Visitors, and the Health Nutrition Specialist, along with

the physician help to assess these needs; University Cooperative Extension Services and Consumer League also help to assess needs and correct nutritional deficiencies; and the Nutritionist from Southern Memorial Hospital help prepare nutrition education pamphlets for CFRP families.

Mental Health problems are referred by the Home Visitor to the Health Nutrition Specialist who schedules treatment and contacts the necessary agencies; and the Westside Counseling Center provides a mental health counselor who conducts group sessions for parent information in the handling of their children's mental problems. Individualized treatment is provided by the Clark County Health Center and the Westside Counseling Center.

B. Developmental Services

1. Planning and Start Up

The key services to be offered in this area were the Head Start services for children three to five years of age. Coordination of this was not expected to be problematic since both CFRP and Head Start would be under the same administrative structure. Developmental Services for parents to assist in the development of children in the infant toddler age range was expected to be provided through group demonstrations and through direct contact between the Home Visitor and the parents. The overall responsibility of coordinating these efforts would be directed by the Education Specialist. The program for assisting in the transition of children from pre-school to elementary school would consist of developing a plan for encouraging parents to join PTA's, to become interested in their child's education, and in encouraging the assisting parents in working with elementary school teachers in resolving any special problems that their children might have.

2. Implementation

The CFRP began the Infant-Toddler (0-3) program in September, 1974. Parents brought their children to the center, located in the Community Recreation Building, two days a month from 9:30 to 11:30 a.m. Five groups of 8-10 parents representing each Head Start center attended the sessions on different days. An agency representative was often present to lead a discussion group. The Education Specialist and the Home Visitors worked with the children while the discussions were held. Parents were free to work with their children after the discussions. This program is currently operative.

Each child, when enrolled, is given the Memphis Comprehensive Developmental Scale to evaluate social, gross motor, fine motor, language and perceptuo-cognitive skills. The Clark County School District assists the Education Specialist in developing curriculum. The program includes approaches for assisting parents in understanding and employing alternative ways to foster their children's learning and developmental progress through use of behavior modification techniques. Special Children's Behavioral Services trains staff and parents in the use of these techniques. Parents work with the Children's Behavioral Services Counselor to determine which behavior needs to be modified.

The education of the Infant-Toddler is followed up in the home through the use of kits by the Home Visitors. These kits contain toys and activities for a child 0-3, and are used by the visitors to take the child through the Memphis Comprehensive Developmental Scale. Toys are sometimes left in the home for the parents to use with the children. The parent-child toy lending library will be implemented by September 1975.

Head Start services are offered to children aged 3-5 years at six centers in the county. In September, 1974, a Head Start Follow-Through program was initiated. The basic ingredient for the Follow-Through evaluation is a sheet used as an attitudinal assessment reflecting any progression or regression the child might experience after leaving Head Start. The parents and the Education Specialist receive a copy of the form each time the teacher fills it out. Parents are assisted by the Home Visitors in arranging conferences with the child's teacher, if they desire. Next Fall, the Education Specialist hopes to have a group meeting of Kindergarten teachers and Head Start and CFRP parents so that parents can learn what the Kindergarten teachers' expections are before the child enters the classroom. Only one grade assessment (Kindergarten) has been completed so far. First grade assessment will be done next year, and second grade the following year for Follow-Through to third grade.

The Education Specialist, along with the Health Nutrition Specialist, is responsible for seeking needed assistance in helping children with handicapping conditions. The Special Children's Clinic helps diagnose the conditions and also provides training for staff and parents in how to treat conditions. The Clark County School District Handicapped Specialist and Speech Therapist provides therapy and corrective devices for pre-school and elementary children. Parent training in coping with special problems of blind children is provided by the Nevada Association for the Visually Handicapped. Children's Behavioral Services provides training and counseling for families. Mentally and physically handicapped young adults receive skill training at the Opportunity Village School funded by the State.

The Head Start/CFRP Health and Handicapped Advisory Committee provides assistance in developing a curriculum to meet special needs and also advises staff in the purchase of materials and equipment. Committee members help train staff in assessing and meeting the needs of the handicapped child. All plans to meet the needs of the handicapped child are developed in cooperation with other community agencies serving handicapped children. Other agencies providing assistance to the handicapped in the CFRP program are the following:

- Clark County Easter Seal Treatment Center
  - Physical therapy (paid for by Medicare);
  - Speech therapy (paid for by patient);
  - Equipment loan program; and
  - Provision of consultants to program.
- Southern Nevada Mental Retardation Center
  - Education for retarded;
  - Schooling for parents in how to deal with children; and
  - Referrals for placement.
- Helen G. Stewart School for the Mentally Retarded
  - Public school for K-18 mentally retarded; and
  - transfer of trainable persons after age 18, to sheltered workshop at Opportunity Village; institutional care for untrainable persons.
- Services to the Blind
  - Referrals for operations and specialists;
  - Counseling;
  - Training;
  - Visual restoration; and
  - Provision of consultants to program.

C. Family Support Services

1. Planning and Start Up

These services were planned to be coordinated through the Home Visitor and Family Development Counselor; they would identify the family needs and provide services through linkages with other agencies. In some cases, referrals were expected to be made to specialists within the CFRP program. The Home Visitor would be responsible for followup with the families to assure that the referral had provided the necessary results.

2. Implementation

The Home Visitors provide basic counseling and advisory services in the home. The services provided are in response to the families' expressed needs. From family input, the Home Visitors and Social Service Specialist build on the expressed strengths of the family. The Social Service Specialist consults with other CFRP Specialists and the needs assessment team when particular problem areas arise. Individual and group counseling is provided by the Clark County Mental Health Counselors through the Westside Counseling Center. Economic Opportunity Board (EOB) Drug Abuse and Alcoholism Centers provide group counseling to deal with these problems. Gamblers Anonymous members provide counseling to groups needing assistance. The EOB Youth Program also provides counseling and activities for youths.

The Home Visitor, using input from the family, describes family strengths and needs to other agencies and follows-up to see that identified needs are answered. The Social Service Specialist and needs assessment teams are brought in for situations which require further attention. Families are encouraged to make direct agency contacts whenever possible. The recruitment and needs assessment procedures will be discussed in Section V, Individualization.

If emergency services are needed, the Home Visitor confers with the Social Service Specialist to ascertain which agencies can best meet the needs. Home Visitors provide emergency transportation. CFRP provides some emergency food and clothing services. Other agencies used for emergency needs are the following:

- Catholic Welfare, Salvation Army - provide food, clothing and shelter;
- Nevada State Welfare - provides emergency food stamps;
- Clark County Social Services - provides vouchers to meet food and clothing needs;

- Child Haven - provides emergency care of children; and
- Clark County Child Welfare Bureau - identifies homes to provide emergency care of children.

When a family seeks family planning information, the Home Visitors send EOB Health Aides into the homes to discuss family planning services. EOB Health Clinics provide family planning assistance and counseling.

Food assistance needs are answered by several agencies. If a Home Visitor identifies a food need, the appropriate agencies are contacted. The Health Nutrition Specialist provides coordination between the program and the agencies to assure availability of food resources. The Clark County School District provides free lunches to needy students. The EOB Health Clinics and the Operation Life Clinic provide supplemental food to the food stamp program via the Women's Infants Children (WIC) Program. Food Stamps replaced the Commodity Food Program. The CFFP plans to have its own emergency food and clothing voucher system by July, 1975 for acute need cases.

Other agencies and programs providing services to the CFFP families include:

- Comprehensive Education Training Act (CETA)
  - job training and counseling;
  - employment training; and
  - supportive services.
- Clark County Day Care Center - Licensing
  - inspects facilities before and after licensing;
  - insures adequate and quality child care; and
  - makes referrals to licensed child care families.
- Clark County Community College
  - adult education classes;
  - day care center; and
  - counseling and financial aid.

- Clark County, Las Vegas, North Las Vegas Housing Authority
  - for Section 8 or community programs; and
  - low cost housing.
- Clark County Legal Services
  - legal counsel in civil matters;
  - legal organization, enrollment; and
  - referral system to other lawyers.
- Clark County Social Services
  - medical assistance;
  - counseling services; and
  - homemaker health aid for Senior Citizens over 60.
- YWCA in church group
  - temporary shelter for children;
  - emergency food; and
  - emergency clothing.
- Las Vegas, North Las Vegas, Clark County Recreational Centers
  - after school activities for school students; and
  - recreational activities for the total family members.
- Nevada Test Employment Security Department
  - training programs and job development services; and
  - consultation provided to CETA programs.

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- develops curriculum for total program areas;
- trains Home Visitiors to lead educational games with children in the home to assess the children's educational strengths and weaknesses;
- assists parents in relating to classroom teachers any special problems of their children identified by the CFRP;
- acts as resource facilitator for CFRP families and community education services, also for Social Services Specialist and Home Visitors;
- contacts, solicits, and monitors agreements with community and private agencies to provide information and services to CFRP families; and
- acts as inservice trainer to CFRP Home Visitors and Head Start classroom and staff in early childhood development.

6. Home Visitor:

- interviews prospective CFRP enrollees to determine extent of family problems and strengths;
- obtains data for a "family profile" for CFRP selected families;
- provides basic counseling and advisory services in the home, and arranges for special assistance from CFRP specialists;
- identifies needs to other agencies and pursues necessary followup to see that needs are answered;
- assists families in keeping appointments for program-related services and provides transportation when necessary; and
- keeps CFRP families fully advised of program activities.

Staff coordination is facilitated through staff meetings. All CFRP staff attend an in-house assessment meeting each week. At this meeting, the staff: (1) assesses families' progress; (2) has informal training in the use of the activity logs (used during assessment procedure); (3) reviews assessment tools; and (4) disusses problems with agencies. Other meetings are held biweekly or monthly as indicated in the chart below:

STAFF MEETINGS SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday
-biweekly CFRP Specialists meeting		-biweekly Head Start teachers' meeting -monthly cooks' meeting -monthly Health and Handicapped Advisory Council Meeting	-monthly Head-Start/CFRP Parent Policy Council Meeting -monthly Head Start/CFRP Career Education Committee meeting	-weekly in-house assessment meeting (activities described above)

To illustrate the relationship of these staff responsibilities to the total program effort the following table shows the percent of time the CFRP reported its staff spent in each program category. These data indicate program activities during the period October 16, 1974, through January 15, 1975. Complete definitions of activities which are included in each of the program categories may be found in Section VIII of this case study.

STAFF UTILIZATION PER CATEGORY

PROGRAM FUNCTIONAL CATEGORIES (SEE SECTION VIII FOR DEFINITIONS)	PERCENT OF TIME TOTAL STAFF SPEND IN CATEGORY
1.1 General Health Medical and Dental	6.0 %
1.2 Mental Health	0.5 %
1.3 Nutrition	0.6 %
1.4 Handicapped	1.3 %
2.0 Education	9.2 %
3.0 Social Services	41.3 %
4.0 Parent Involvement	11.3 %
5.0 Staff Training	5.4 %
6.0 Administration	24.4 %

IV. TRAINING PROGRAM

A. Planning and Start Up

Training in EOB is the responsibility of the EOB Training Officer. He had been involved in the original "think tank" that developed the proposal and had a good background in the CFRP concept. The start-up training design and content was developed by the trainer with inputs from the Education Coordinator and the CFRP Supervisor. The training lasted three weeks and was conducted by the Trainer and the CFRP Supervisor. The most important goal of the training as designed by the trainer was to build a cohesive team out of the new CFRP staff. A lot of the training time was devoted to develop staff roles and staff interaction. In terms of training content areas, the following were included:

- EOB Agency Orientation;
- Orientation to the CFRP Concept;
- Staff Job Responsibilities;
- Early Childhood Development;
- Community Agency Awareness;
- Relating to Parents;
- Communication Skills; and
- Needs Assessment of Families.

Head Start staff members were included in parts of the training. In addition, parents of Head Start children attended some sessions and in one session discussed how Home Visitors should handle themselves in dealing with parents. Young children were brought in for several of the seminars to increase staff awareness of the realities and special problems associated with working with them.

To acquaint the staff with the services of agencies, each staff member was given several agencies from which to collect information. Some staff pretended they were potential clients and went through intake procedures. Others talked to recipients of agency services. Still others interviewed agency personnel. After the information on an agency had been collected, a report was made to the entire staff. In addition to this method of acquainting staff with agencies, agency representatives were brought in to discuss their services.

The CFRP, at the end of their training, recruited families for the Head Start Program with direction from the Head Start Supervisor. This was done to give staff an opportunity to practice some of the skills they had learned during training and to interact with families.

In general, the program staff feels that training during start-up was adequate. If one weakness could be cited it would be the lack of specific training in early childhood education skills.

B. Implementation

According to key staff members who have been with the program since start-up, the three-week preservice training program given in July, 1973, was very successful. However, most staff members agree that staff training since then has mainly consisted of being given the guidelines to read over and answering questions relating to them. It is the concensus of staff that present training in the CFRP concept and program components is insufficient.

New staff members are provided training in: (a) agency policies and procedures, and (b) agency programs. Home Visitors receive five days on-the-job training with other Home Visitors reviewing CFRP forms and making home visits. The Education Specialist provides training to Home Visitors in how to administer and interpret to parents the developmental assessment tool (Memphis Comprehensive Developmental Scale) used with the children in the Infant-Toddler program. New staff members also attend in-house training sessions where the specialists describe their programs. No formal training in the CFRP program is given. Since understanding the CFRP concept and program is essential to helping families fulfill needs, staff members recommended that a stronger training program be implemented to cover this important area.

College credit courses are offered to all staff at the Clark County Community College. Head Start and CFRP staff members have been taking courses since Spring 1974. Head Start supplementary training funds are used for this purpose. The courses taken are determined by the Home Visitors, teachers, and aides according to assessed needs. The training is coordinated by the Career Education Committee comprised of Head Start center teachers, specialist staff, and Home Visitors. The committee meets monthly. Courses Home Visitors completed or are currently enrolled in at Clark County Community College are:

Psychology 101 - Spring, 1974
Communications Skills - Summer, 1974
Work Experience - Fall, 1974
Individual and the Family - Current
Sociology 101 - Current

Home Visitors are sometimes involved in Head Start training sessions. Those sessions which some Home Visitors have attended are:

- Preventive Health and Nutrition Care and Resources, Nov. 1974
- Educational Activities for the Handicapped Child in the Classroom, Dec. 1974
- Alternate Methods of Promoting Positive Child Behavior, January 1975
- Early Childhood Development for the Classroom and the Role of Staff and Parents There and in the Home, February and March 1975

Staff members whom parents are most enthusiastic are those who received the original preservice training held in July, 1973. Presently, few parents attend Head Start training sessions and little or no training is given to CFRP parents in the CFRP concept and program. Some parents receive training in behavior modification techniques at the bimonthly sessions held at the Infant-Toddler Center. Training at the center is given by Behavioral Services staff members, with the help of the Education Specialist and Home Visitors.

Plans are being made to hold a Parent Orientation week at the EOB Center in the Spring 1975. The CFRP program will be discussed in detail and program services will be explained. An effort will be made to stress the necessity and importance of program participation (e.g., in Infant-Toddler and Follow Through) on the part of the parents in order for them to gain the maximum benefit from the program. Agency representatives will be available to discuss agency policies and services. The national CFRP filmstrip will be shown to participants with a question and answer period afterwards for clarification of the CFRP concept. Staff members were unsure how often the orientation sessions would be held and when they would start.

V. INDIVIDUALIZATION

A. Program Planning and Start-Up

During the planning phase, the planning group made several decisions that would impact on recruitment. As with the Head Start Program, the target area for the CFRP Program would cover the entire county. This was an important decision, since many of the families would be living at some great distance from the CFRP and other social services which are almost all located in Las Vegas. It was also decided to have the new CFRP staff involved in the recruitment of Head Start families during their staff training period. The decision to have CFRP staff involved in the recruitment of Head Start children gave the staff the chance to work with Head Start staff and to meet many of the families that would be enrolled in CFRP. Priority in recruitment was given to families with Head Start children. Of these Head Start families, priority was given to families with children under age four, handicapped children, other children four to eight years old, and families with extreme social services need. The CFRP requirement that 20% of the children be from outside Head Start families presented no problem since a large number of referrals are received by the Head Start Program from other community agencies. The Program planned to begin taking on families in September, a few at a time, and to reach a goal of 80 families enrolled by the first of the year 1974. The first family was enrolled September 15, 1973.

The development of the family needs assessment process during the planning stage presented difficulties for the planning group. Their combined experience and the experience of those they had to draw on was limited in this area. Most of their experience was in assessing needs on a limited basis with Head Start families. In writing the proposal they tried to follow the CFRP guidelines as closely as they could. The result was a procedural plan on how information would be obtained from the family and how it would be processed.

The Family Development Counselor and Home Visitor were expected to collect the information. An assessment team made up of representatives of 16 area social service agencies would then be established and divided into a minimum of four categorical teams based on service categories. These teams would include (1) Health Services, (2) Employment and Welfare Services, (3) Educational Services, and (4) Family Development and Support Services. Each of these would be led by the appropriate specialist on the CFRP staff. The teams would develop a family profile, develop a family service plan, link services, review family progress as related to the service plan, consult on staff and parent training, and build a system of measurement based on behavior objectives.

After the Las Vegas proposal had received approval, the CFRP National Office suggested that the above plan was too cumbersome and that a more workable plan should be developed. The new plan specified that the staff specialists as a group would be responsible for the needs assessment functions. Agencies would still meet regularly to discuss the progress of CFRP and to discuss service gaps identified by the staff. CFRP staff members would also be able to come to the meetings and discuss a particular problem with the entire group to obtain their advice related to specific problems. The actual needs assessment documents were developed by the CFRP Supervisor who then trained the staff. From the very first, the planners saw the program as tailoring services to the specific individual needs of families. The required services such as health care to prog children were to be provided to each participant, but other services would be provided only as identified by the needs assessment process and after consultation and agreement from the family.

B. Program Implementation

Families are still recruited from Head Start rolls as well as from other agency referrals. Referrals also came from within the Economic Opportunity Board agency. A small number of families are referred by "word of mouth" when participating CFRP families tell their friends about the program. Home Visitors go from door to door looking for potential recruitees, using the Head Start rolls as a starting point. During the initial home interview, the Home Visitor explains program goals and services to be offered. The Home Visitor also explains what will be expected of the family (i.e., parent involvement).

Criteria used in the selection process are:

(1) Income level;

(2) need for program;

(3) younger siblings (0-5); and

(4) desire to participate.

There is an emphasis on recruiting families with siblings 4-5 in order to facilitate the tracking procedures from Infant Tuition to Head Start to elementary school. Families are presently being recruited by the (4) Home Visitors.

As mentioned briefly in the Planning and Start-Up Section, the CFRP originally had a Needs Assessment Team (NAT) comprised of representatives of various resource agencies with whom the CFRP had established working agreements.

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Guarantee of Re-application

When a family is dropped from the Active CFRP caseload, that family may reapply for active program participation.

_____ Signature of Mr._____

_____ Signature of Mrs./Ms._____

_____ Signature of Home Visitor

_____ Signature of Social Serv. Specialist

_____ Signature of Educational Serv. Administrator

VI. COORDINATION

A. Planning and Start-Up

The EOB staff planning the CFRP proposal had been involved in community programs where agency coordination was important. It was not necessary for them to go through a lengthy process to identify the agencies in the community that could offer services to the CFRP. They also had detailed knowledge of the services these agencies offered. The planning group did not have the time to contact all the agencies personally and did not have a staff person who could be released to do this. The group made a decision to hire a short term consultant from the community who had contacts with the service agencies to actually do the necessary agency coordination.

The person they selected was a professor from an area university who had been active in a number of service projects and who had worked with Head Start training. After being briefed by the planning group and after reviewing all the CFRP material available, he prepared a letter to approximately forty agencies explaining the purpose of CFRP and asking for a chance to discuss their future involvement. Attached to the letter was a questionnaire on services. After the letter was sent out, he followed up with each agency personally to further explain the purpose of CFRP and to make sure that letters stating the degree of involvement were obtained. On a regular basis he met with the planning group to feed back the information he was collecting. The results of the above efforts went into the development of the Service Matrix which has been described earlier.

The staff training in linking with other agencies is described under staff training. From EOB's experience in dealing with other agencies, they knew that paper agreements were virtually useless without the informal contacts between CFRP staff members and individuals within each agency that provide the day to day work involved in providing services. EOB had developed these relationships through Head Start and its other programs. Since some of the CFRP staff were former Head Start staff members or were currently being shared with Head Start, many of these relationships were ongoing. New workers were encouraged to turn to existing staff in developing these same solid and informal relationships. Some of these new relationships would develop naturally through contact with the agencies involved in needs assessement.

In summary, it should be understood that CFRP did not have to start from scratch in developing new relationships with agencies, but could benefit from the relationships that already existed. The EOB staff felt that one of the strengths of their agency was their ability to relate to existing agencies. This is something that EOB had been concentrating on for several years.

B. Implementation

The process of communicating with agencies and utilizing their services is facilitated in Las Vegas by the fact that many agency representatives serve on the grantee board and the Parent Policy Council. Other contacts are made through several programs originating at the Economic Opportunity Board. The Education Services Administrator and the CFRP Specialists enlist agency cooperation and obtain letters of commitment at the beginning of each year. At this time agencies are asked to provide a key contact person in the agency who can serve on the large Needs Assessment Team (NAT). Home Visitors and Specialists work with these key persons whenever referrals are made in order to help a family solve a problem. Agencies receiving referrals are asked to return the referral sheet to the CFRP office once the services have been provided. The referral sheet lists services requested and date of actual provision of services.

A good working relationship is maintained by CFRP and the agencies due to the mutual understanding which exists between the program and some of the agencies. Home Visitors become familiar with agency guidelines through contact in the large NAT team or when agency representatives attend the smaller in-house NAT meetings for the purpose of explaining new procedures and eligibility requirements. The more a Home Visitor works with an agency the more familiar the visitor becomes with agency guidelines. Many agencies know that if a CFRP Home Visitor or Specialist has screened a family, it has been according to the agencies' individual guidelines. This speeds up the process of helping a family with its needs. To a large extent, coordination with agencies is a result of the Home Visitors dealing with the agencies on a day-to-day basis.

Another aid in coordination is the participation of agencies in the large Needs Assessment Team which meets quarterly. Agency representatives help work out special problems the CFRP may be confronting in meeting a family's needs. All CFRP staff members are involved in the meetings and a few parents attend. Agency attendance ranges from 4 to 19, depending upon interest and overlap of responsibilities at the particular time. Services offered are also discussed at this meeting, as well as new eligibility and guidelines requirements.

In May, 1975, NAT agency representatives participated in an annual CFRP/ Head Start Conference in Clark County for the purpose of bringing parents, staff, and agencies together to identify needs, and to recommend ways to fill service gaps. The theme of the conference was "Closing the Gap in Community Services", and it featured six task-oriented workshops:

1. Employment and Training Opportunities;

2. The Welfare of Young Children;

3. Legislative Action;

4. Community Services;

5. Health and Nutrition; and

6. Outreach and Public Information

Key staff members mentioned a few problems encountered in dealing with the agencies. It seems some staff members are having problems dealing with the larger agencies who are reluctant to discuss overlap of services or duplication of efforts which would lead to a change in policy. Some agencies do not fully understand the CFRP program and much time is expended in dealing with an agency for this reason. Agencies are sometimes not able to attend the CFRP NAT meetings due to time constraints. Another problem is that many agencies have different guidelines and eligibility criteria. It is sometimes difficult to determine whether a family qualifies for a particular service. The staff consensus seems to be that once an agency understands what the CFRP program is trying to do, there is usually no problem in dealing with that agency. As a result efforts are constantly being made to improve agency understandings of CFRP.

VII. MATERIALS

A. Planning and Start-Up

Office space and materials for the CFRP staff were allocated by the Executive Director of the Economic Opportunity Board. This was the original plan and it was carried out without change during the Start-Up Phase. No other major purchases of equipment or materials were planned until actual program implementation experience dictated such a need.

B. Implementation

Staff training often involves the use of audio/visual materials such as slide and film projectors, projector screens, slides, films and record players. Leaflets and books are used in addition. Slides and films are borrowed from the local universities, the school district, and various agencies providing training. The program has been using the CFRP national slide film presentation, along with a local slide presentation prepared by the Las Vegas CFRP.

The Health and Nutrition Specialist has found several booklet series helpful for health training and general information purposes. She uses the Head Start Rainbow Series (booklets dealing with various aspects of child care) as well as the Special Education Series, published by the Council for Exceptional Children in Reston, Virginia. Health films and filmstrips are borrowed from Home Extension Services, the State Training Office, Head Start centers, and the University of Nevada, Las Vegas. Various health publications provided by the national and regional OCD offices are used along with the Journal of Home Economics. Reference materials are also borrowed from the local library. Parents and staff are given pamphlets on nutrition, health and mental health.

The Developmental Services component staff uses various materials in the 0-3 program. Developmental toys and manipulative games are used, as well as wheel toys, play tables, play pens, resi mats and cribs. Each Home Visitor has a home kit containing toys, games, and books and uses these materials to take the child through the Memphis Comprehensive Developmental Scale. Parents are shown how to use the materials with the child, and some materials are left in the home. When Behavioral Services provides training sessions at the 0-3 center, parents receive a packet of 10-12 booklets covering behavior and child management.

The Support Services component staff use many paper materials. A social service directory is given to each family, listing agencies which provide services. Staff specialists participate in the preparation of a monthly CFRP newsletter which provides general program information and a schedule of

activities. The Home Visitors use the 14 page intake and needs assessment forms, as well as activity log sheets and agency referral sheets. Two Head Start vans and one ECE van are used to transport parents to the agencies or the D-3 center, when necessary. Gas for the vans is purchased with CPEP funds.

VII. PROGRAM COSTS

Consideration of several program factors contributes to a better understanding of total program effort and purpose. Other sections of this case study look into the macro process oriented features of the program. This section, as it is often done, foresees on program costs.

Part of the national CETA information reporting system included a comprehensive cost data collection effort. The period covered by the data processed in this section is October 01, 1974 through January 31, 1975, a three months period during the second funding year. The special summary graphs and cost tables which presented here were developed in a manner to indicate how and to which areas the program categories were supported. This cost data, collected for this period mentioned above, is represented by the following categories:

- total value of all program activities provided during the study period;
- total value of General Health services provided during the study period;
- total value of Mental Health services provided during the study period;
- total value of Nutritional services provided during the study period;
- total value of Handicapped services provided during the study period;
- total value of Educational services provided during the study period;
- total value of Social Services provided during the study period;
- total value of Patient Involvement during the study period;
- total value of staff training during the study period; and
- total value of program administration during the study period.

By reviewing each summary graph, the objectives addressed by each programmatic category, and each cost data table, it can be determined what resources are utilized by the program, the total dollar value of services provided by each resource, and the purpose for which the resources are utilized. Descriptive cost data for each of the above two (2) categories are presented individually in the following pages. Each category is presented in three parts which include:

- a graph which summarizes cost data within each category;

- a list of program objectives selected by each of the nine (9) programmatic categories; and

- a cost data table which includes a comprehensive breakdown of cost data within each category shown in each graph.

5. Summary Graphs

The graphic section summarizes cost data selected by each category. In addition to displaying the dollar value of services provided by the program during the study period, each graph indicates the percent of the total categorical value each figure represents.

The final graph reflects the total value of all services provided by the CSR program during the study period. It also indicates the dollar value and the percent of the total value for each programmatic category.

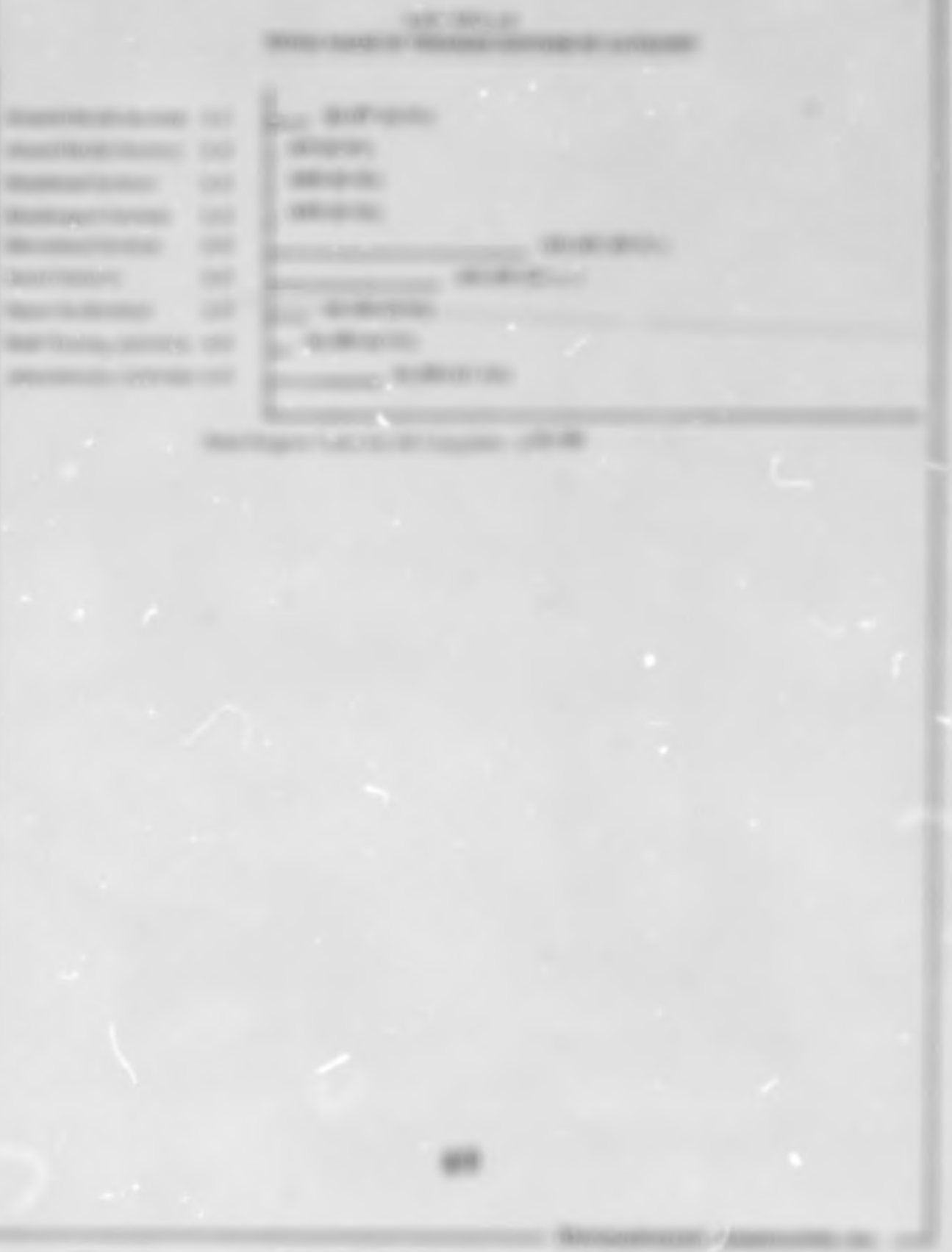
All other graphs in this section summarize the successes attained, the dollar value of services provided by the program during the study period for each of nine (9) programmatic categories.

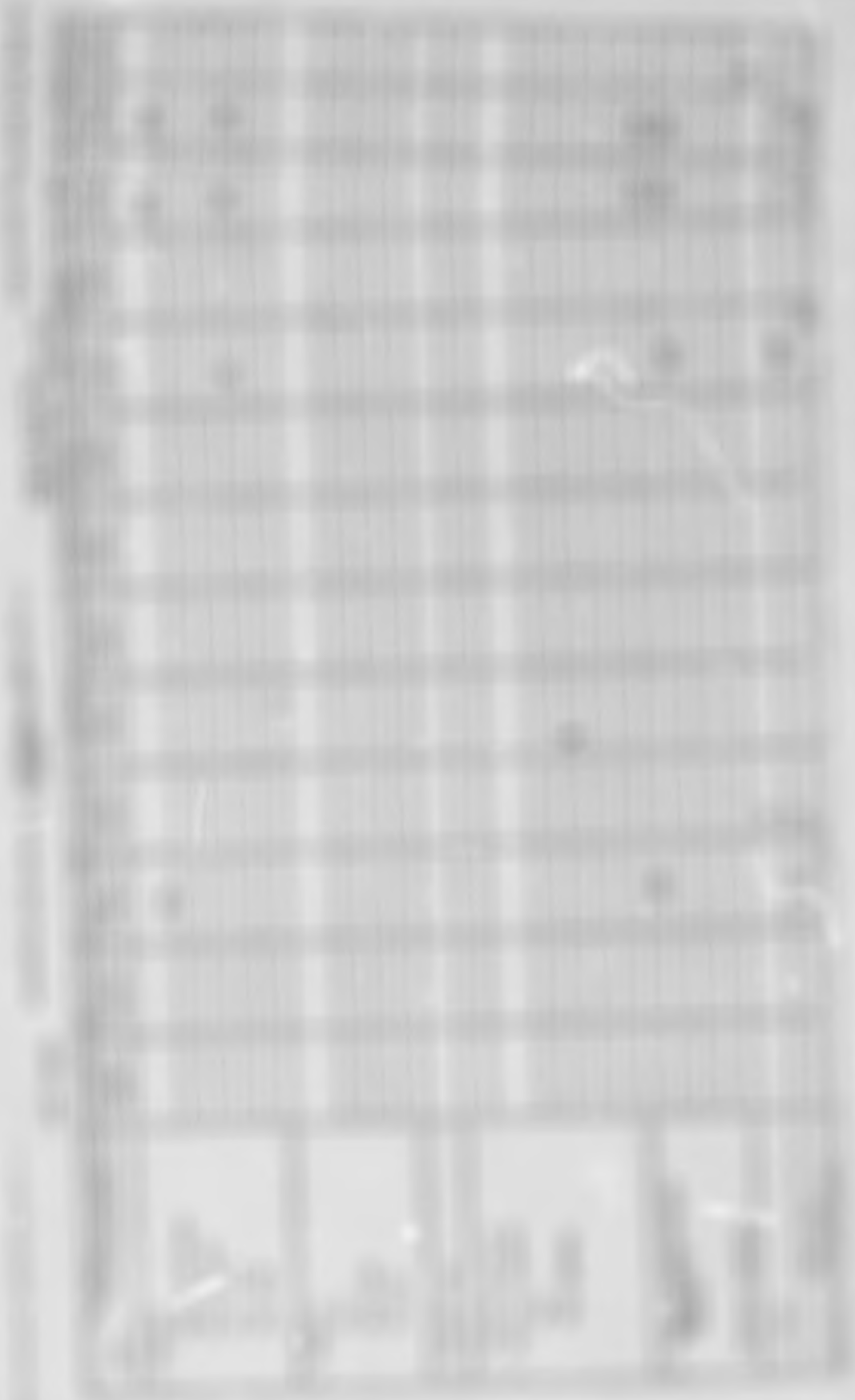
6. Cost of Program Objectives

Each of the graphs which summarizes the dollar value of services provided within a programmatic category is followed by a list of program objectives addressed by the category represented.

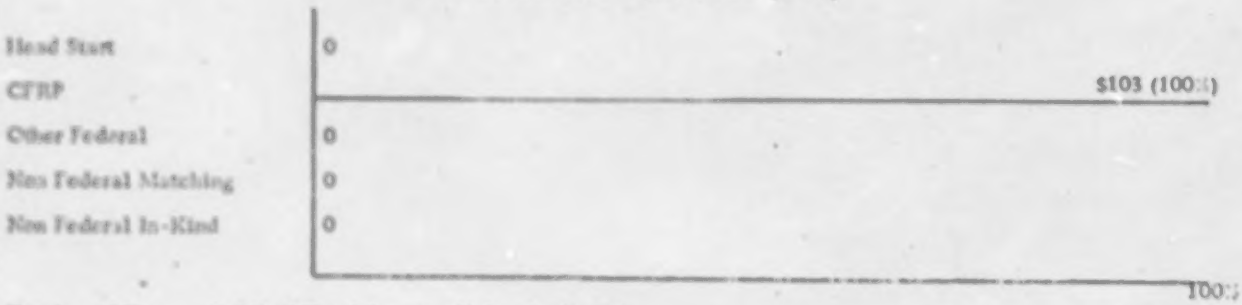
7. Cost Data Tables

Cost data tables are also provided for each graph presented in this section. Each cost data table indicates the type of resources utilized by the program to provide services within the category and the dollar value of services provided by that resource. In addition, the table indicates, by cost data, how the dollar value from each resource was utilized.





VALUE OF NUTRITIONAL SERVICES (1.3)



Total: $103 0.3% of Total Program Value for Period

The data collected and presented on the graph above is the total dollar value (from all available resources) of nutritional services provided by Las Vegas CFRP. These services are those which serve to meet the following objectives of the health services component of the program:

- help provide food which will help meet the child's daily nutritional needs in the child's home or in another clean and pleasant environment, recognizing individual differences and cultural patterns, and thereby promote sound physical, social, and emotional growth and development;
- provide an environment for nutritional services which will support and promote the use of the feeding situation as an opportunity for learning;
- help staff, child, and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge in the development of sound food habits even after leaving the program;
- demonstrate the interrelationships of nutrition to other activities of the program and its contribution to the overall child development goals; and
- involve all staff, parents, and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided complements and supplements that of the home and community.

The data shown on the graph are for overall nutritional services. The costs of individual food programs utilized by each program during the study period is not included in this chart.

CATEGORICAL COST DATA FOR NUTRITION 1.3
Category

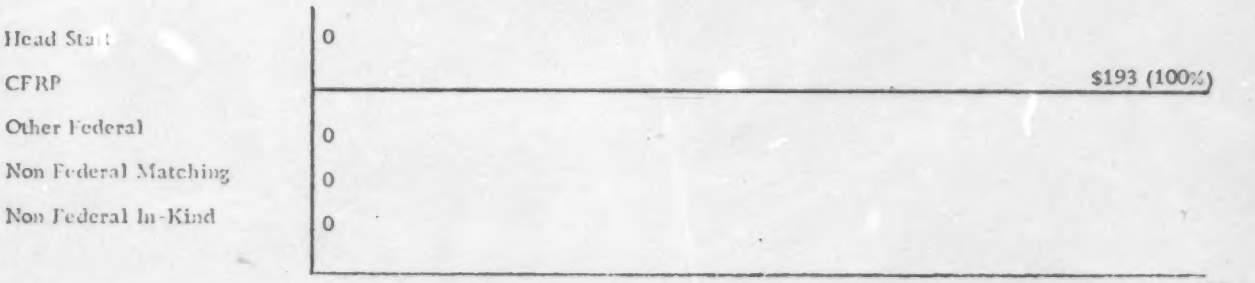
OMB No. 085-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Las Vegas

Item	Source: Fixed or Variable	Head Start Fixed Amount	Head Start Variable Amount	CFAP Fixed Amount	CFAP Variable Amount	Other Fed. * Fixed Amount	Other Fed. * Variable Amount	Non-Fed. Matching Fixed Amount	Non-Fed. Matching Variable Amount	Non-Fed. In-Kind Fixed Amount	Non-Fed. In-Kind Variable Amount	Totals Fixed Amount	Totals Variable Amount
1. Personnel				97								97	
Salaries and Wages													
Fringe Benefits													
Consultants													
Volunteers													
2. Facilities													
Space													
Equipment													
Furniture													
3. Staff Training													
4. Materials (Reusable)													
5. Consumable supplies													
Food													
Other (specify)													
6. Contract Services (Specify)													
Medicaid Payments												6	
7. Travel				6									
TOTALS				103								GRAND TOTAL 103	
Grand total amounts from each source:				103									

VALUE OF
HANDICAPPED SERVICES (1.4)



Total: $193 0.5% of Total Program Value for Period

The data presented in the graph above indicate the total dollar value (from all available resources) of program services provided by Las Vegas CFRP during the study period which addressed the following general objectives of the program:

- provide handicapped children and children with special needs with the necessary mental health services which will ensure that the child and family achieve full benefits of participation in the program.

CATEGORICAL COST DATA FOR HANDICAPPED 1.4
Category

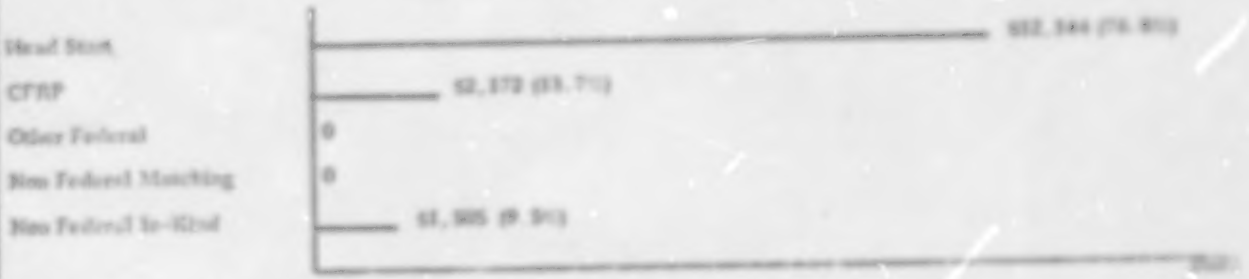
Las Vegas

OMB No. 085-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item	Source	Head Start		Other Federal		Other Public		Private Matching		Private Non-Matching		Totals	
	Type of Volunteer	Paid	Volunteer	Paid	Volunteer	Paid	Volunteer	Paid	Volunteer	Paid	Volunteer	Paid	Volunteer
		Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1. Personnel													
Salaries and Wages				193								193	
Fringe Benefits													
Consultants													
Volunteers													
2. Facilities													
Space													
Equipment													
Furniture													
3. Staff Training													
4. Materials (Reusable)													
5. Consumable supplies													
Food													
Other (specify)													
6. Contract Services (Specify)													
Medicaid Payments													
7. Travel													
TOTALS				193								193	
Grand total amounts (combined)				193								193	

VALUE OF
EDUCATIONAL SERVICES ($'s)



Total: $15,821 39.8% of Total Program Value Per Point

The figures shown in the graph above show the total dollar value (here all available measures) in services provided by Las Vegas CFRP during the study period which addressed the following educational objectives:

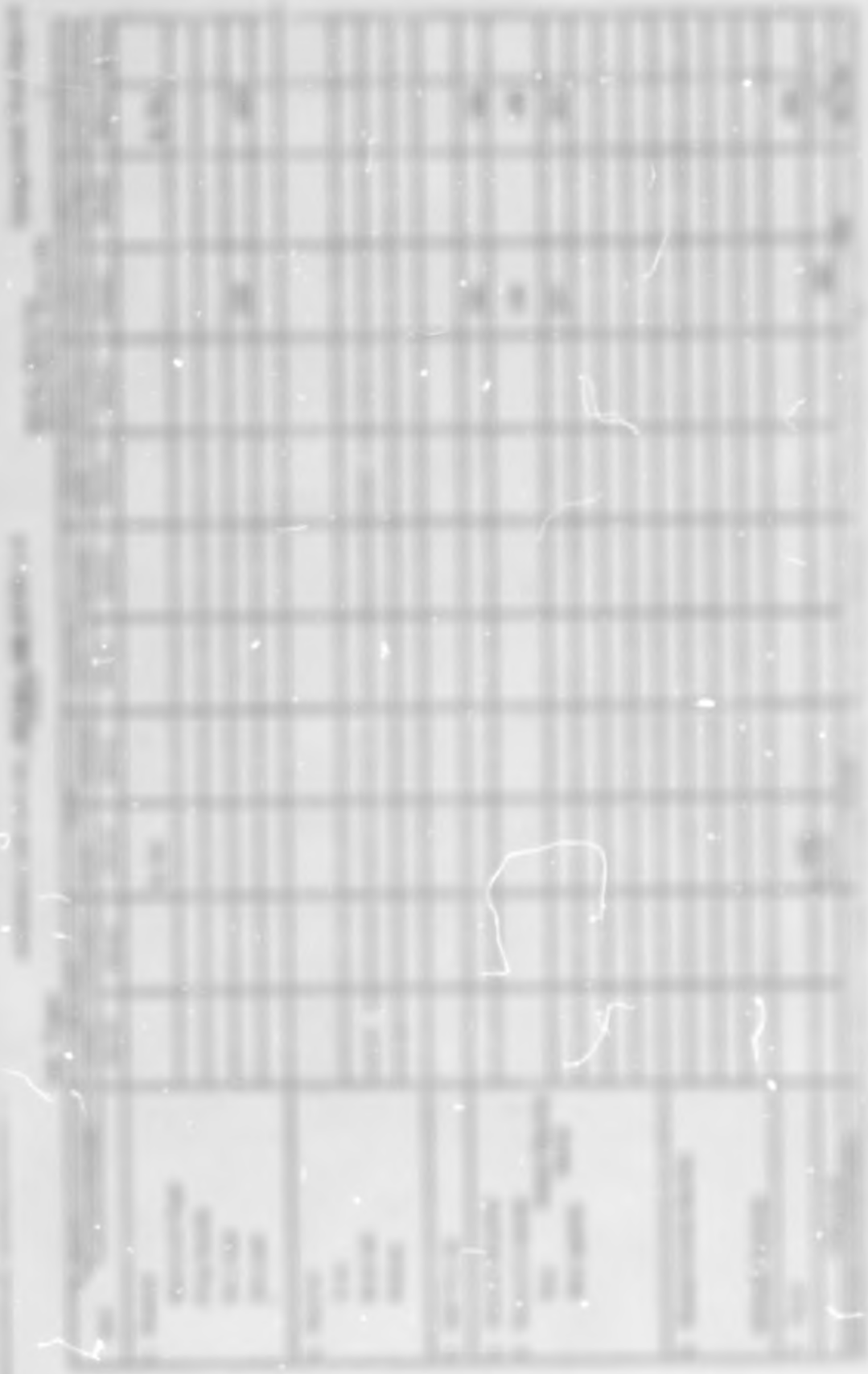
- provide children with a learning environment and the varied experiences which will help them develop emotionally in a manner appropriate to their age and state of development toward the overall goal of social competency.
- Integrate the educational aspects of the various program components in the daily program of activities.
- Identify and reinforce experiences which occur in the home that parents can utilize as educational activities for their children.

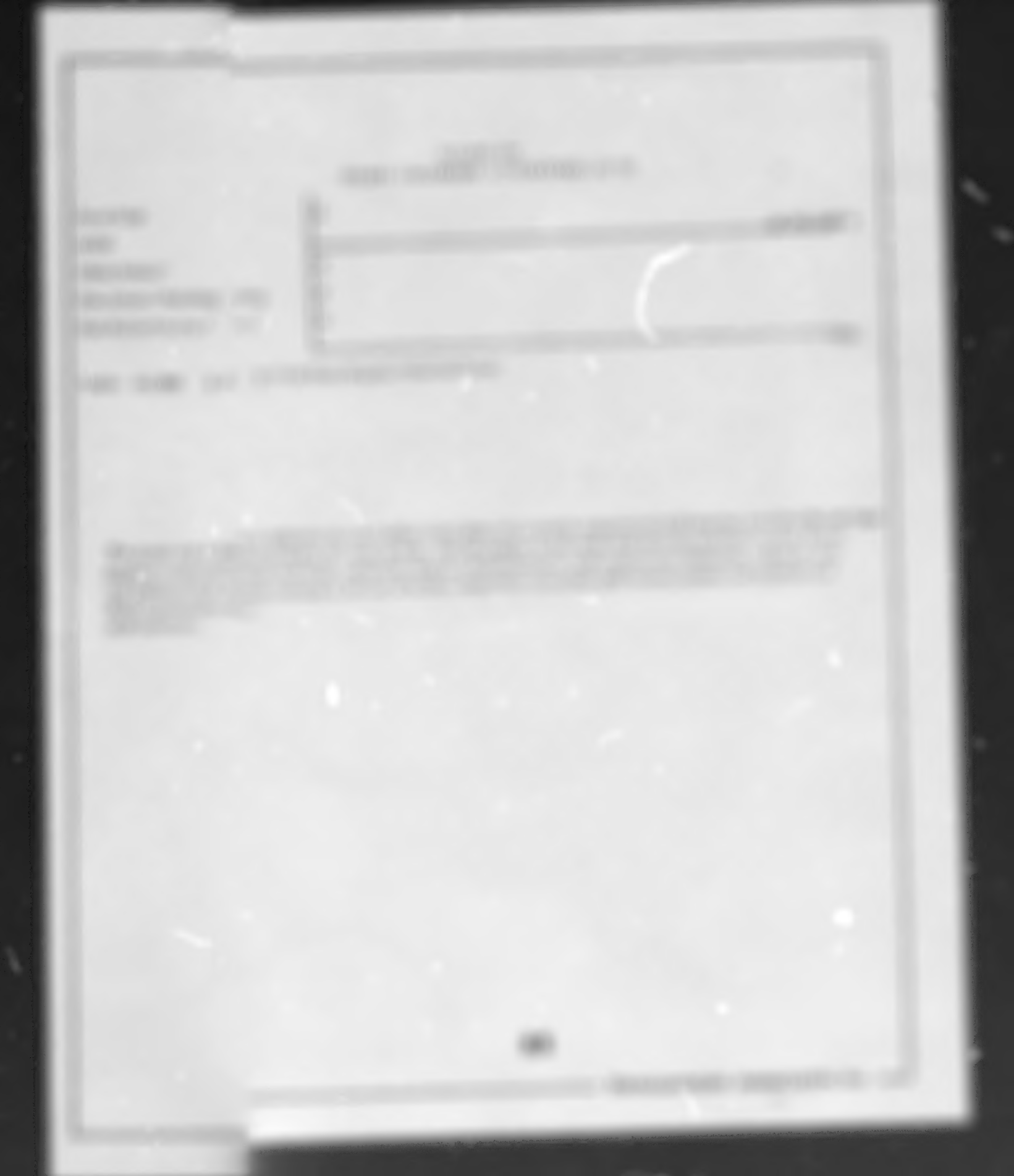
[illegible] FIGURE 2.8 Categorized Cost Report

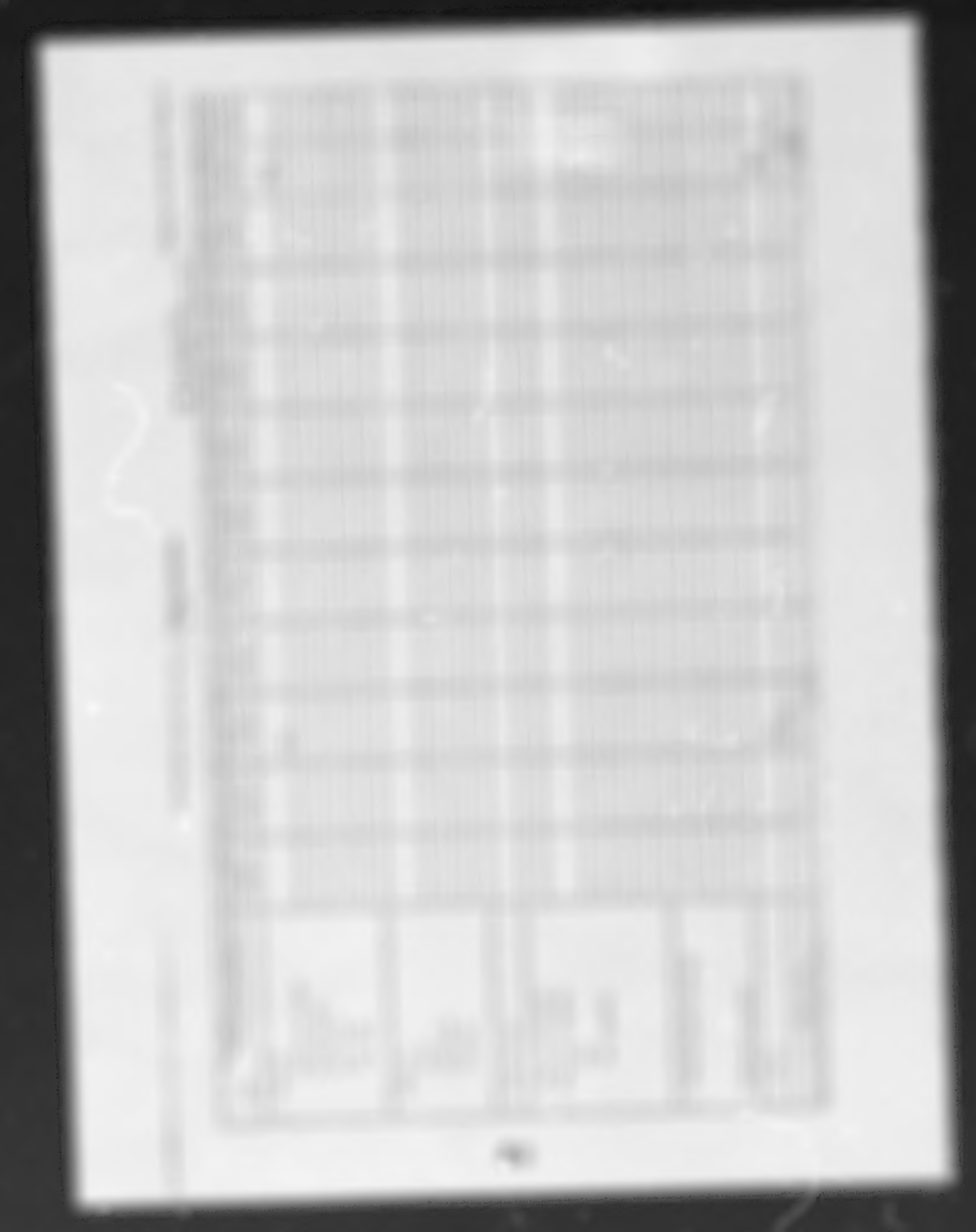
[illegible] Cost Types

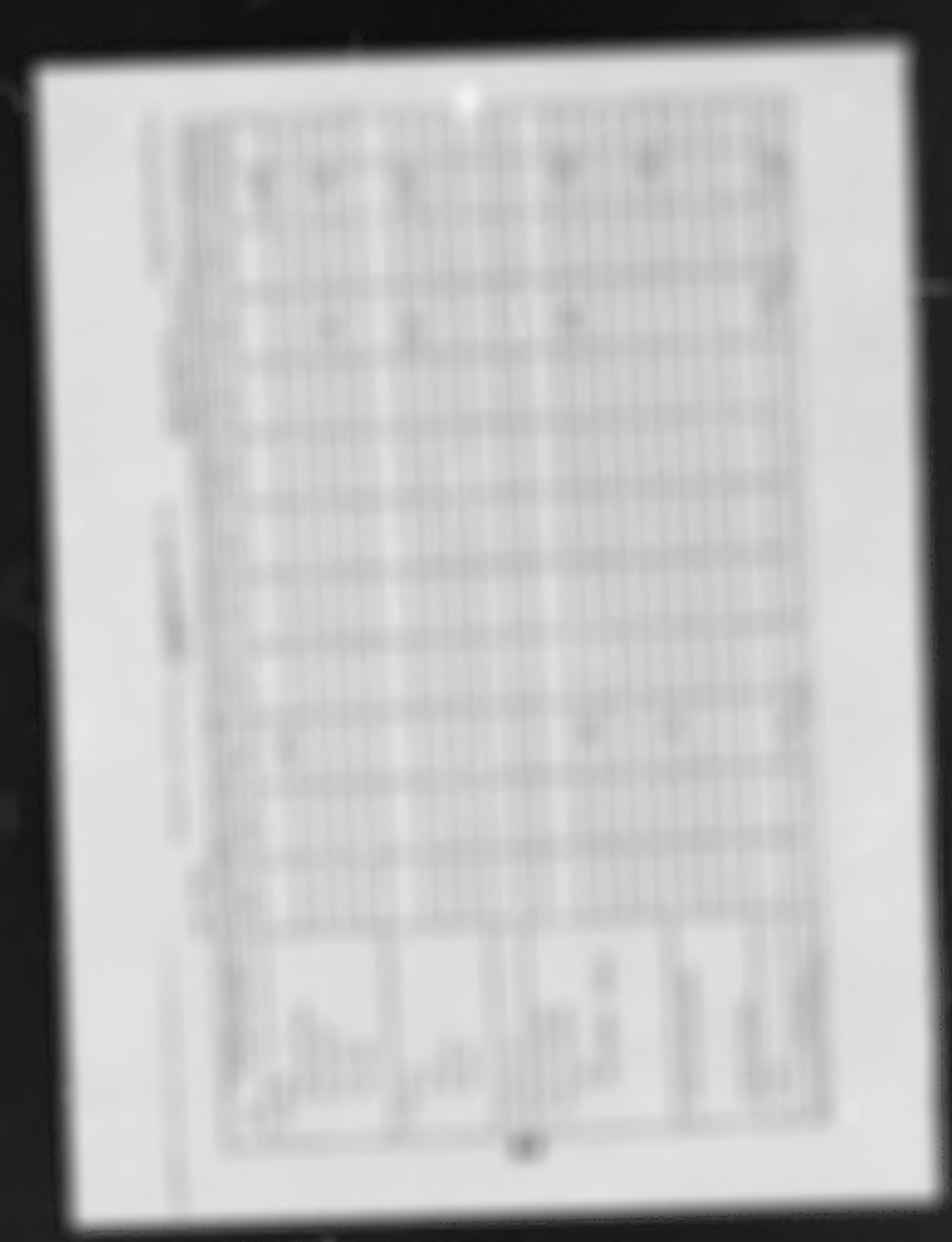
Item												
1. Material			1,764								1,764	
Fabrics and Wages												
Design Transfer												
Dyes/Inks	4,142										4,142	
Machines									145		145	
2. Machine												
Rent	2,499								1,197		3,696	
Maintenance												
Fuel/Oil			75								75	
3. Mail Training												
4. Chemicals (Reagents)			240						240		480	
5. Personnel in machine												
Rent												
Wire Capacity			17								17	
Supplies (not shop) wire/bags												
Operations		303										303
6. Insurance Business Machine/Unit cost			48								48	
Indirect Payment												
7. Travel			51	58							51	58
Total	6,641	303	2,196	58					1,582		10,419	361

[illegible]









IX. PROGRAM NOTES

A. Planning and Start-Up

The EOB staff in reviewing the planning and start-up feel that there were certain things they did very well and others that they would have done differently. They felt that the basic composition of the three member proposal planning team gave strength to the planning effort. The team worked well together and their skills complemented each other. In general, they feel that they made the best effort possible considering the time constraints and the fact that they accomplished the planning while attempting to carry out their other staff responsibilities. With more time they would have been able to work with other community agencies better and been able to do more creative types of linkages. The EOB staff would have also been able to put more time into research in designing a family needs assessment system. They feel that they should have anticipated the problem of having the home visitors working only one-half time and would have structured that part of the staff as full-time. They would also have put some more thought into having the shared staff specialists with Head Start structured differently They see some error in thinking that the same person can be responsible to two different supervisors, i.e., the CFRP Supervisor and the Head Start Supervisor. On the positive side, they feel that the overall structuring of the agency linkages was well thought out and a strong part of their planning. The project would have waited longer than two weeks to hire the Home Visitors so that the key staff could have had time to prepare for their arrival. The training for the staff is felt to have been adequate and they would have put the same emphasis on group building within the CFRP staff.

B. Implementation

Program changes during the implementation phase have helped to strengthen the Las Vegas CFRP. Home Visitors now work full-time for CFRP which gives them more time to work with families. The use of the contract in the needs assessment process has helped clarify family needs and encourages program commitment on the part of the parents. Through involvement in the 0-3 program, parents become more aware of the capabilities and limitations of their own children and children in general.

The coordination of agencies, facilitated by agency participation in the large NAT and sometimes in the small NATS, is a program strength. The agency representatives advise the CFRP staff how to best meet a need, and share information on any changes in agency policy or eligibility requirements.

The CFRP program has run more smoothly since the blending together of Head Start and CFRP under one administrator. Home Visitors and teachers have become a closer knit group. Teachers are taking a greater interest in the program and occasionally refer families to the Visitors. Home Visitors attend Head Start inservice training sessions.

One of the major problems mentioned by key staff members is the difficulty in getting agencies and families to understand the CFRP concept. Home Visitors indicate that sometimes different program explanations are given to families due to the lack of a set definition for CFRP. Training is lacking in this area, both for staff and parents. A majority of the staff suggest that a more comprehensive training program be implemented, with emphasis on training new personnel. This is important since staff turnover is high, with many staff members having moved to higher paying jobs.

It has been difficult for the program to keep track of families. When families move or lose interest, they rarely contact CFRP. Many parents still view CFRP as a strict social services program to take care of emergency needs. Program staff are attempting to change the emphasis to a family development program encouraging parents to be the prime educators of their children. The CFRP staff hope that the new contract agreement will help alleviate this problem.

A retrospective recommendation for improvement given by the Education Services Administrator was to hire more professional staff. There have been problems training paraprofessional staff in how to deal with families effectively and knowing exactly when a problem should be referred to an agency.

The Home Visitors felt that some problems pertained only to their group. They would like to have more input in designing intake forms. Many feel the present 14 page assessment form is too lengthy. They also expressed a desire to join staff specialists in visiting other CFRP programs in order to gain more knowledge from other Home Visitors as to how they handle the recruitment and needs assessment procedures. They would also like to see the initiation of a career ladder program, which would add to staff incentive.